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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10549291 | <b>Applicant(s)/Patent Under Reexamination</b><br>IWANAGA ET AL. |
|   | <b>Examiner</b><br>JOHN LIN                | <b>Art Unit</b><br>2815  |

| ORIGINAL                  |         |  |          |         |        | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|---------|--|----------|---------|--------|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |         |  | SUBCLASS |         |        | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 257                       |         |  | 330      |         |        | H                            | O | I | L | 29 / 06 (2006 01 01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              |         | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 257                       | 343     | 401                                      | E29 112  | E29 119 | E29 13 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 257                       | E29 136 |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 438                       | 259     |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |         |  |          |         |        |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       | 10       |       | 33       |       |          |       |          |       |          |       |          |
|   | 2        |       | 18       |       | 11       |       | 34       |       |          |       |          |       |          |       |          |
|   | 3        |       | 19       |       | 12       |       | 35       |       |          |       |          |       |          |       |          |
|   | 4        |       | 20       |       | 13       |       | 36       |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       | 14       |       | 37       |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       | 15       |       | 38       |       |          |       |          |       |          |       |          |
|   | 7        | 1     | 23       |       | 16       |       | 39       |       |          |       |          |       |          |       |          |
|   | 8        | 2     | 24       |       | 17       |       | 40       |       |          |       |          |       |          |       |          |
|   | 9        | 3     | 25       |       | 18       |       | 41       |       |          |       |          |       |          |       |          |
|   | 10       | 20    | 26       |       | 19       |       | 42       |       |          |       |          |       |          |       |          |
|   | 11       | 4     | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       | 5     | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       | 6     | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       | 7     | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       | 8     | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       | 9     | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| /JOHN LIN/<br>Examiner.Art Unit 2815<br><br>(Assistant Examiner)               |  | <b>Total Claims Allowed:</b><br>20 |   |
| /MATTHEW E WARREN/<br>Primary Examiner.Art Unit 2815<br><br>(Primary Examiner) |  | 03/28/2011<br>(Date)               | O.G. Print Claim(s)<br>23<br>O.G. Print Figure<br>Fig. 12 |